

**PHYSICAL THERAPY BOARD OF CALIFORNIA**

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WORK VERIFICATION FORM FOR FOREIGN EDUCATED PHYSICAL THERAPISTS LICENSED IN OTHER STATES

Please type or print. Signatures must be in blue ink.

Physical Therapist Applying for a California Physical Therapist License

Name: _____

Place of Employment: _____
Name of Facility

_____	_____	_____	_____
Street Address	City	State	Zip Code

Dates of Employment: From: _____ To: _____ Full-time _____ Part-time _____

Brief Description of Job Duties: _____

Supervisor's Name: _____ Supervisor's Job Title: _____

Supervisor's Daytime Telephone No. (____) _____

Supervisor's Professional License No. _____

Supervisor of Applicant During Specified Dates of Employment: _____

**I declare under penalty of perjury under the laws of the State of California that the information
contained in this document is true and correct.**

Applicant's Signature _____ Date _____

(Blue Ink Only)

Supervisor's Signature _____ Date _____

(Blue Ink Only)